

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|------------|------------|----------------------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | B/E JYR | 897 852 | 11-05-01 07-10-01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

| | | | |
|------------------------|------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| — (Through numeral)... | Canceled | A | Appeal |
| ÷ | Restricted | O | Objected |

| Claim | Date |
|----------|-------------|
| Final | |
| Original | |
| 1 | 1-1 6/16/01 |
| 2 | 2-2 6/20/01 |
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| 20 | 20-1 ✓ |
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| 23 | 23-1 ✓ |
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| 26 | 26-1 ✓ |
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| 29 | 29-1 ✓ |
| 30 | 30-1 ✓ |
| 31 | 31-1 ✓ |
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| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here